

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101597807

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2							
3			1				
4							
5							
6							
7							
8							
9			1				
10							
11			1				
12							
13							
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16							
17			1				
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48							
49							
50							
TOTAL IND.			3				
TOTAL DEP.			16				
TOTAL CLAIMS			19				

BEST AVAILABLE COPY

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DE	
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							